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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/695,530 TRANSMITTAL Filing Date 10/27/2003 **FORM** E. J. Andersen First Named Inventor (to be used for all correspondence after initial filing) Group Art Unit 1754 Paul A. Wartalowicz **Examiner Name** Total Number of Pages in This Submission 8 23202 **Attorney Docket Number ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Licensing-related Papers Appeal Communication to Group Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request identify below): **Terminal Disclaimer Express Abandonment Request** Request for Refund Request for Continued Examination (RCE) Information Disclosure Statement CD, Number of CD(s). Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Transmitted by Facsimile on July 24, 2006 Incomplete Application To Facsimile No. 571-273-8300 Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Mario D. Theriault & Co. Reg. No. 40,368; Cust. No. 26,975 Individual name Signature 07/24/2006 Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: Typed or printed name Signature Date Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/695,530 FEE TRANSMITT Filing Date Oct. 27, 2003 For FY 2006 First Named Inventor E. J. Andersen Examiner Name Paul A. Wartalowicz Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1754 TOTAL AMOUNT OF PAYMENT 395 Attorney Docket No. 23202 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 300370 Deposit Account Name: Mario D. Theriault & Co. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity Fee (\$) **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 200 Provisional 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee Paid (\$) Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): RCE fee 395 SUBMITTED BY Registration No. Signature Telephone 506-450-3788 40,368 (Attorney/Agent) Name (Print/Type) Mario D. Theriault Date July 24, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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